

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Title:: System and Method to Subdurally Locate
a Catheter or Lead

Attorney Docket Number:: 1027.P010USC1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 8

Small Entity?: Yes

Petition Included?: No

Petition Type::

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christopher
Middle Name::	A.
Family Name::	Crawford
Name Suffix::	
City of Residence::	Grapevine
State or Province of Residence::	TX
Country of Residence::	US
Street of Mailing Address::	501 Turner Road, # 1614
City of Mailing Address::	Grapevine
State or Province of Mailing Address::	TX
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	76051

Correspondence Information

Correspondence Customer Number::

Name::	Koestner Bertani, LLP
Street of Mailing Address::	P.O. Box 26780
City of Mailing Address::	Austin
State or Providence of Mailing Address::	TX
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	78755
Phone Number::	(512) 339-4100
Fax Number::	(512) 692-2529
E-Mail Address::	<u>rmclauchlan@kbpatents.com</u>

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	44,924	Robert A. McLauchlan
Associate	42,321	Mary Jo Bertani
Associate	33,004	Ken J. Koestner
Associate	45,513	Peter R. Lando

Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This	An application	60/440,456	01/16/03
Application	claiming the benefit		
	under 35 USC 119(e)		

Assignee Information

Assignee name::	Advanced Neuromodulation Systems, Inc.
Street of Mailing Address::	6501 Windcrest Drive, Suite 100
City of Mailing Address::	Plano
State or Province of Mailing Address::	TX
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	75024